

Report Year:

2010

12460

St. Mary's Medical Center San Francisco

San Francisco

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

12460

Facility Name:

St. Mary's Medical Center San Francisco

Address:

450 Stanyan Street

City:

San Francisco

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Hospital Owner/Licensee:

St. Mary's Medical Center San Francisco

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Todd Belluomini

Submission Date:

1/25/2011 3:00:00 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Tower	450 Stanyan Street	Retrofit	SPC2	01/01/2015	01/01/2013
02	McAuley Wing	450 Stanyan Street	Retrofit	SPC2	01/01/2015	05/21/2012
03	South Wing	450 Stanyan Street	Remove	N/A		01/31/2009
04	South Wing Corridor	450 Stanyan Street	Remove	N/A		12/31/2009

For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		01	Main Tower				Retrofit/Replacement Project:		Yes-Planned	
Facility Number	Project Number	Sub Num	Scope		Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12460	HS082309	0			12/24/2008		01/17/2012	07/29/2013	OPEN	No

Building No:			02	McAuley Wing	Retrofit/Replacement Project:			Yes-Planned		
Facility Number	Project Number	Sub Num	Scope		Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12460	HS082309	0			12/24/2008		01/17/2012	07/29/2013	OPEN	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Tower

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	299	Inpatient Days	18517
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	37	Inpatient Days	2623
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	32	Inpatient Days	5116

Total Beds this Building **368**

<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Pharmaceutical	
<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: McAuley Wing

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☒ Psychiatric Nursing Inpatient Beds 35 Inpatient Days 1860

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 35

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/  
WellBaby

☒ Clinical Lab

☒ Emergency

☐ Radiological/  
Imaging

☐ Nuclear  
Medicine

☒ Pharmaceutical

☒ Dietetic

☐ Rehabilitation  
Therapy

☒ Administration

☐ Renal Dialysis

☐ Support  
Services

☐ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv

☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: South Wing

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/  
Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical  
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 04

Building Name: South Wing Corridor

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/  
Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☐ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical  
Cesarean/Deliv

☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Main Tower

**Medical / Surgical (Include GYN)**Inpatient  
Bed 263Inpatient  
Days 1395  
2**Acute Respiratory Care**Inpatient  
Bed 0Inpatient  
Days 0**Acute Psychiatric**Inpatient  
Bed 0Inpatient  
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed 0Inpatient  
Days 0**Burn**Inpatient  
Bed 0Inpatient  
Days 0**Skilled Nursing**Inpatient  
Bed 32Inpatient  
Days 5116**Pediatric**Inpatient  
Bed 0Inpatient  
Days 0**intensive Care Newborn  
Nursery**Inpatient  
Bed 0Inpatient  
Days 0**Intermediate Card**Inpatient  
Bed 0Inpatient  
Days 0**Intensive Care**Inpatient  
Bed 37Inpatient  
Days 2623**Rehabilitation  
Center**Inpatient  
Bed 36Inpatient  
Days 4565**Int. Care / development  
Disabled**Inpatient  
Bed 0Inpatient  
Days 0**Coronary Care**Inpatient  
Bed 0Inpatient  
Days 0**Chemical  
Dependency**Inpatient  
Bed 0Inpatient  
Days 0**Total Beds this  
Building Per  
Unit**

368

**Total Beds this  
Building Per  
Service**

333



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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

02

Building Name:

McAuley Wing

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

35

Inpatient  
Days

1860

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

35

**Total Beds this  
Building Per  
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: South Wing

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

04

Building Name:

South Wing Corridor

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Tower	<input type="checkbox"/>
02	McAuley Wing	<input type="checkbox"/>
03	South Wing	<input checked="" type="checkbox"/>
04	South Wing Corridor	<input checked="" type="checkbox"/>



Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

South Wing

Year of  
Information:

2008

Information Current As  
Of:

09/13/2010

Type of Services  
Provided

☐

Nursing

Inpatient  
Beds

0

☐

IntensiveCare

Inpatient  
Beds

0

☐Pediatric/Adol  
escentInpatient  
Beds

0

☐Psychiatric  
NursingInpatient  
Beds

0

☐Obstetrical  
Ante/PostprtumInpatient  
Beds

0

☐Intermediate  
CareInpatient  
Beds

0

☐

Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

South Wing

Year of  
Information:

2009

Information Current As  
Of:

09/13/2010

Type of Services  
Provided

☐ Nursing Inpatient Beds 
☐ IntensiveCare Inpatient Beds 
☐ Pediatric/Adol  
escent Inpatient Beds 
☐ Psychiatric  
Nursing Inpatient Beds 
☐ Obstetrical  
Ante/Postprtum Inpatient Beds 
☐ Intermediate  
Care Inpatient Beds 
☐ Skilled Nursing Inpatient Beds 

 Total Beds this  
Building 
☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

03

Building  
Name:

South Wing

Year of  
Information:

2010

Information Current As  
Of:

09/13/2010

Type of Services  
Provided

☐ Nursing

Inpatient  
Beds

0

☐ IntensiveCare

Inpatient  
Beds

0

☐ Pediatric/Adol  
escent

Inpatient  
Beds

0

☐ Psychiatric  
Nursing

Inpatient  
Beds

0

☐ Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐ Intermediate  
Care

Inpatient  
Beds

0

☐ Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

04

Building  
Name:

South Wing Corridor

Year of  
Information:

2008

Information Current As  
Of:

09/13/2010

Type of Services  
Provided

☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric Inpatient  
Nursing Beds 0

☐ Obstetrical Inpatient  
Ante/Postprtum Beds 0

☐ Intermediate Inpatient  
Care Beds 0

☐ Skilled Nursing Inpatient  
Beds 0

Total Beds this  
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services



Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

04

Building  
Name:

South Wing Corridor

Year of  
Information:

2009

Information Current As  
Of:

09/13/2010

Type of Services  
Provided

☐ Nursing

Inpatient  
Beds

0

☐ IntensiveCare

Inpatient  
Beds

0

☐ Pediatric/Adol  
escent

Inpatient  
Beds

0

☐ Psychiatric  
Nursing

Inpatient  
Beds

0

☐ Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐ Intermediate  
Care

Inpatient  
Beds

0

☐ Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building  
Number:

04

Building  
Name:

South Wing Corridor

Year of  
Information:

2010

Information Current As  
Of:

09/13/2010

Type of Services  
Provided

☐ Nursing

Inpatient  
Beds

0

☐ IntensiveCare

Inpatient  
Beds

0

☐ Pediatric/Adol  
escent

Inpatient  
Beds

0

☐ Psychiatric  
Nursing

Inpatient  
Beds

0

☐ Obstetrical  
Ante/Postprtum

Inpatient  
Beds

0

☐ Intermediate  
Care

Inpatient  
Beds

0

☐ Skilled Nursing

Inpatient  
Beds

0

Total Beds this  
Building

0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☐ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

03

South Wing

Removal  
Date:

01/31/2009

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Medical Office Building

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐Intermediate  
Care☐

Dietetic

☐Nuclear  
Medicine☐Support  
Services☐

Skilled Nursing

☐

Administration

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

04

South Wing Corridor

Removal  
Date:

03/11/2009

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Medical Office Building

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

☐

Nursing

☐

Surgical

☐

Obstetrical  
Cesarean/Deliv

☐

Rehabilitation  
Therapy

☐

IntensiveCare

☐

Anesthesia

☐

Obstetrical  
Recovery

☐

Renal Dialysis

☐

Pediatric/Adol  
escent

☐

Clinical Lab

☐

Newborn/  
WellBaby

☐

Outpatient  
Surgery

☐

Psychiatric  
Nursing

☐

Radiological/  
Imaging

☐

Emergency

☐

Central Plant

☐

Obstetrical  
Ante/Postprtum

☐

Pharmaceutical

☐

Nuclear  
Medicine

☐

Support  
Services

☐

Intermediate  
Care

☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Tower

## Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☒

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☒Nuclear  
Medicine☒Rehabilitation  
Therapy☒

Renal Dialysis

☒Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

McAuley Wing

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☒Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☒

Clinical Lab

☐Radiological/  
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

South Wing

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

04

Building Name:

South Wing Corridor

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Tower

Configuration

:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☒

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postprtum☒

Pharmaceutical

☒

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Dietetic

☒

Nuclear Medicine

☒Support  
Services☒

Skilled Nursing

☒

Administration

☒

Nuclear Medicine

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

McAuley Wing

Configuration  
:

Remove from GAC service by 1/1/2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☒Psychiatric  
Nursing☐Radiological/  
Imaging☒

Pharmaceutical

☒

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☒

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

South Wing

Configuration

:

N/A

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

South Wing Corridor

Configuration

:

N/A

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration